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6 February 2010



Down with homeopathy

National protest puts pharmacy sales under scrutiny

News and analysis: page 4 and 18

PLUS

GPhC GETS GREEN LIGHT FOR LAUNCH page 5

Pfizer unveils new generic medicines range page 5

CPD: THE EFFICACY OF OTC COUGH MEDICINES page 20

James Wood reveals how he became C+D's New Pharmacist of the Year page 28

pain has nowhere to hide



Nurofen, currently the best selling analgesic in the UK*, has unveiled an exciting new multimedia campaign worth more than £11m. It reveals a new modern look and feel for the brand, plus a new brand hero, Nuro.

Nuro will appear in the eye catching POS kit that has been developed for pharmacies to bring the campaign to life in store. The POS includes shelf barkers, wobblers, window posters and strut cards.

95% of target consumers will see the new campaign, helping drive consumers into your pharmacy. Stock up now!

* ACN. All outlets. MAT Value Share Dec 2009.

NUROFEN®

Targeted relief from pain

Nurofen 200mg tablets contain ibuprofen

Name and Active: Nurofen 200 mg Tablets contain 200mg ibuprofen. **Indications:** For the symptomatic relief of mild to moderate pain, such as headache, backache, period pain, dental pain, neuralgia, rheumatic and muscular pain, migraine, cold and flu symptoms, sore throat and fever and pain of non-serious arthritic conditions. **Dosage and Administration:** Adults, the elderly and children over 12 years: Take 1 or 2 caplets taken with water, up to three times a day as required. Do not exceed 6 caplets in any 24 hours. Leave at least 4 hours between doses. Not for use by children under 12 years of age. Do not use for more than 10 days, or if symptoms worsen, consult a doctor. **Contraindications:** Known hypersensitivity to ibuprofen or other ingredients. History of bronchospasm, asthma, rhinitis, or urticaria, associated with aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). History of, or existing gastrointestinal ulceration/perforation or bleeding, including that associated with NSAIDs. Severe hepatic failure, severe renal failure or severe heart failure. Concomitant NSAIDs, including COX-2 inhibitors. Last trimester of pregnancy. **Special warnings and precautions for use:** SLE and mixed connective tissue disease. Gastrointestinal disorders and chronic inflammatory intestinal disease. Hypertension and/or cardiac impairment. Renal impairment. Hepatic dysfunction.Bronchial asthma or allergic disease. GI bleeding, ulceration or perforation, which can be fatal has been reported with all NSAIDs at anytime during treatment, with or without warning symptoms or a previous history of GI events. Caution with concomitant medications which could increase the risk of gastrotoxicity or bleeding, such as corticosteroids, or anticoagulants such as warfarin or anti-platelet agents such as aspirin. Withdraw treatment if GI bleeding or ulceration occurs. Possible reversible effects on fertility. Avoid use during the first 6 months of pregnancy if possible. **Side effects:** Hypersensitivity reactions including: (a) non-specific allergic reactions and anaphylaxis, (b) respiratory tract reactivity e.g. asthma, aggravated asthma, bronchospasm, dyspnoea, (c) various skin reactions e.g. pruritus, urticaria, angiodema and more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal disturbance including: peptic ulcer, perforation or GI haemorrhage, headache, acute renal failure, liver disorders, haematopoietic disorders including anaemia. **MRRP (Excl. VAT):** £ 2.98 (24 tablets) £ 5.49 (48 tablets) £ 9.06 (96 tablets) **Legal category:** P **Product Licence Number:** PL 00327/0147. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Date of Revision:** Nov 2009. For immediate release Jan 2009.

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> EACH SALE OF A HOMEOPATHIC PRODUCT IS LIKELY TO BE ACCOMPANIED BY QUESTIONS AROUND THE PATIENT'S UNDERLYING CONDITIONS

We're lucky to live in a democracy that grants us the luxury of freedom of speech. The protesters who gathered outside Boots last weekend to ridicule homeopathy (p4) took up this right. Yet the message behind their campaign appears autocratic.

Boots can't be allowed to sell 'quack' homeopathic remedies, the 10:23 campaign demands. By stocking these 'unscientific' medicines the firm is persuading an impressionable public they work, the protesters claim. Conversely, health food shops and internet operators, apparently devoid of such brainwashing abilities, can go on selling homeopathy according to 10:23 campaign literature.

The whole argument could almost be turned on its head. If anyone is going to be supplying homeopathy then surely it's better done by a professionally trained pharmacist than an unqualified shop worker. Pharmacists abide by a strict code of ethics and have a duty of care to patients. Each sale of a homeopathic product is likely to be accompanied by questions around the patient's underlying condition as well as signposting to other NHS services. No comparison with your average health food shop where the most you might get is a thank you.

The campaigners are right to identify the special hold a pharmacy provider such as Boots has over its customers. But this is an opportunity to educate patients about homeopathy rather than an opportunity to abuse their trust.

Part of that message should include some of the key concerns identified by the 10:23 group. The evidence behind homeopathy is lacking. The RPSGB's chief scientific advisor told Parliament only a few months ago there was no scientific basis for the remedies. Boots superintendent pharmacist Paul Bennett backed this conclusion, but added patients have the right to choice. And perhaps that's why Boots appears to have been the focus of the anti-homeopathy campaigners' wrath?

But the campaigners are way off target. Boots does not supply homeopathy alone, it is joined by thousands of other community pharmacies selling and supplying the remedies. They do so because they are contracted to a health service that demands the delivery of patient choice. It is the NHS that endorses homeopathy. Every day doctors write prescriptions for these drugs that pharmacies are on hand all hours to dispense.

If the 10:23 campaigners are serious about stopping these products then it's time to turn their cannons on the health bosses who allow homeopathy to be supplied on the NHS.

Max Gosney, News Editor

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Anti-homeopathy protesters vow to step up campaign after rally

Mass overdose branded 'grossly irresponsible' by British Homeopathic Association

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Campaigners behind a protest against homeopathic remedies last weekend have vowed to continue their campaign throughout 2010.

Hundreds joined the 10.23 campaign's 'mass overdose', which saw protesters swallow whole bottles of homeopathic products to demonstrate they believed the treatments had no effect.

The protests took place outside Boots stores across the UK.

Campaign spokesperson Martin Robbins told C+D he was "absolutely thrilled" with the response to the campaign, which involved protests in more than a dozen cities, including London, Bristol, Manchester and Southampton.

"We hope that the spotlight we've helped to shine on this 18th century pseudoscience will encourage people to ask difficult questions of their local pharmacist or MP," Mr Robbins added.

However, the campaign was slammed as "grossly irresponsible" by the British Homeopathic Association (BHA), which said the protesters had no understanding about how to use homeopathic remedies appropriately.

"To suggest in public that taking an overdose of a medicine is a good way of testing its effectiveness gives an extremely dangerous message to the public," an association statement read.

The 10.23 campaign was sparked by comments from Boots superintendent Paul Bennett to the House of Commons Science and Technology Committee in November. Mr Bennett told the committee he had "no evidence" suggesting homeopathic products were effective, but the decision to offer the remedies was about providing customers with choice.

A Boots spokesperson told C+D the multiple's position on homeopathy had not changed following the protest.

"This is a bigger issue between pro-homeopathy and the [anti-homeopathy] campaigners, and they just happened to have their debate outside us," the spokesperson added.

The 10.23 campaign attracted national media attention, with participants including science author Simon Singh, comedian Dave Gorman and MP Evan Harris.



Protesters took a 'mass overdose' of homeopathic remedies outside Boots stores

Should pharmacy sell homeopathic remedies?

See analysis p18



C+D reporter Chris Chapman appeared on BBC News last Saturday to discuss the 10.23 protest against the sale of homeopathic products. Chris revealed the size of the homeopathy market to the BBC's Sally Eden, and gave a pharmacy perspective on homeopathic remedies. To watch the interview in full, go to www.chemistanddruggist.co.uk.

RPSGB updates homeopathy guidance

The RPSGB Council has approved new guidance for pharmacists on homeopathic products after concerns the public did not understand the difference between herbal and homeopathic remedies.

The Council agreed to recommendations from the Society's Science Committee to add two appendices to its current homeopathy guidance. These include homeopathic definitions and a guide to the differences between herbal and homeopathic remedies.

The Science Committee also warned that the public may view the MHRA's licensing of homeopathic remedies, under the National Rules scheme, as "formal approval" of effectiveness rather than safety. **CC**

C+D Finance Zone launches advice online and in print

C+D has launched a dedicated website to provide pharmacists with financial news and advice.

The C+D Finance Zone (www.chemistanddruggist.co.uk/finance) will offer pharmacists advice on topics ranging from dealing with the Inland Revenue and maximising profit, to pension planning and family taxation.

Supported by NatWest, it will also contain up-to-date pharmacy finance news, financial tools and an expert Q&A with some of NatWest's 200 healthcare specialists.

For more information and the C+D Finance Zone monthly column, turn to p14.

GPhC launch plans clear House of Lords hurdle

Debate sees RPSGB given assurances over pension scheme deficit

Chris Chapman
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The General Pharmaceutical Council (GPhC) has overcome its final parliamentary obstacle to launch, after the House of Lords approved the draft Pharmacy Order.

The Lords debate on the order heard the RPSGB was concerned the changes would affect its pension scheme. But the Society was assured the matter was being taken "most seriously".

During the debate, which saw the Pharmacy Order approved on February 1, Baroness Thornton pledged the RPSGB pension scheme deficit would not grow as a result of staff transferring to the GPhC.

She said: "I assure the Society that my Department... is working to ensure that the transfer of staff from the RPSGB scheme to that of the GPhC does not worsen the funding position of the closed scheme."

Society finance and resources director Bernard Kelly told C+D that pensions of staff transferring to the GPhC would move to the NHS pension scheme and any deficit was likely to be wiped out. He said: "The NHS pension scheme will say it can't absorb the deficit, that someone has to pay for it. And the assumption would be that the Department of Health will pay for it."

The debate also saw concerns raised over the powers of entry being granted to GPhC inspectors. However, the amendment to curb the powers, tabled by Lord Scott of Foscote, was defeated.

Following the Lords approval, the draft Pharmacy Order will be passed to the Privy Council, after which the GPhC will be recognised as a legal entity. A spokesperson declined to speculate on the date the GPhC would form, adding it would be announced as soon as possible.

Stop smoking services tipped to soar under government initiative

A government pledge to halve the number of smokers over the next 10 years could spell good news for community pharmacy services.

The government promised new smoking cessation services would be developed and PCTs would be supported to increase the percentage of smokers using NHS stop smoking services.

A DH spokesperson hinted that pharmacy could have a key role in delivering the additional services.

The spokesperson told C+D: "Pharmacists are a valued partner in our ambitious strategy to help people stop smoking for good."

"A new stop smoking service will be developed over the next year to work in conjunction with the existing local NHS stop smoking service which is already provided in many pharmacies," they added.

PSNC head of NHS services Alastair Buxton said the committee would like to see smoking cessation services commissioned at a national level for pharmacy.

"We have an ongoing push regarding national service provision and the DH is well aware of our views," he said. And he added that the committee would continue to lobby the government to ring-fence funding for smoking cessation.

Stephen Fishwick, NPA head of external relations, said the NPA would be promoting community pharmacy smoking cessation services in its 2010 Ask Your Pharmacist campaign. The association added that it was keen to work with the DH to integrate community pharmacy into its PR strategy. **ZS/KO**

Is pharmacy the key to cutting smoking rates?

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Pfizer kicks off generics range with six drugs

Pfizer has launched a range of generic medicines in the UK.

The pharma giant said the move to widen its product offering would maximise the value it offered pharmacies.

The initial launch consists of six medicines: metformin, finasteride, ondansetron, paroxetine, mirtazapine and mirtazapine OD. Further medicines will be added throughout the year, dependent on licensing.

The range would offer pharmacists more choice in the generics market, Pfizer commercial director Steve Poulton told C+D, and was part of the company's aim "to move closer to pharmacists, because we recognise that pharmacists are becoming a much more influential voice in the use of medicines".

"My aim is that where pharmacists have a choice, they purchase their medicines from Pfizer," he said.

The generics would be supplied through Pfizer's DTP (direct to pharmacy) scheme and count towards pharmacies' discounts", Mr Poulton said. This would offer pharmacists "logistical and financial benefits," he added.

"Pharmacists will get the same benefits of the proven, robust supply chain for branded medicines... they will need to talk to their Pfizer account managers to work out pricing," Mr Poulton advised.

The launch was prompted by the number of blockbuster drugs coming off-patent in the next few years.

The range will be manufactured in India by Aurobindo Pharma and Claris Lifesciences, with which Pfizer signed agreements last year. **JR**

In brief

NPA Board meets

The NPA board has attacked the electronic prescription service, saying association members had been excluded from decisions that would impact significantly on them. The board also used its meeting to call on minister Mike O'Brien to discuss stock shortages.

APTUK new website

The Association of Pharmacy Technicians UK (APTUK) has launched a new website offering services and professional development updates. **www.aptuk.org**

Scot script charges

Scotland's public health minister Shona Robison was due to appear at a health committee meeting on the reduction of prescription charges as C+D went to press. The committee's approval would pave the way for the charge to fall from £4 to £3 from April, ahead of planned abolition next year.

H&B inflation slows

Inflation on health and beauty products slowed to 3.5 per cent in January from 4.2 per cent in December, the British Retail Consortium (BRC) reported. But the latter was the highest rate since the BRC began its reports, and the category was one of three exerting "considerable" upward pressure on non-food inflation.

ESP directions issued

Directions have been issued increasing the target payment for essential small pharmacies to £73,165 per year. The maximum monthly top-up payment rises to £5,305 and the increases will be backdated to October 1, 2009.

twitter

C+D's news team has joined micro-blogging service Twitter, enabling you to get the latest updates direct from reporters. Sign up for Twitter and follow CandDZoe, CandDChris, CandDGav and the others. See p34 and twitter.com/ChemistDruggist

Charity lobbies PCTs

A hepatitis charity will urge all PCTs to place pharmacy at the forefront of hepatitis screening, C+D can reveal. The Hepatitis C Trust's move follows last month's conclusion of a successful pharmacy pilot, said the trust's chief executive, Charles Gore. Read Mr Gore's exclusive comments in full at **www.chemistanddruggist.co.uk**

UKCPA events

UKCPA has announced its upcoming events for February and March, including one-day conferences on critical care, medicines safety, clinical skills and cardiology, and a weekend of workshops to develop pharmacy practice skills. For more information go to **www.ukcpa.org**

Actavis generics launch

Actavis has launched generic versions of itraconazole capsules 100mg and lercanidipine tablets 10mg and 20mg. The move follows lercanidipine coming off patent in January.

Alli and visceral fat

OTC weight loss drug Alli has been found to reduce visceral fat by 10 per cent in conjunction with a low calorie, lower-fat diet. The study, which investigated patients using MRI, found waist circumference was also significantly reduced at 12 weeks.

MMR-autism link

The Lancet has withdrawn the 1998 paper that sparked fears over a link between the MMR vaccine and autism. The move follows last week's ruling by the General Medical Council that author Dr Andrew Wakefield had breached his professional duties.

Veterinary meds boost

The Royal Pharmaceutical Society has joined forces with an agricultural college to support pharmacists interested in veterinary medicine. The Society has signed a partnership agreement with Shropshire's Harper Adams University College, to provide pharmacy graduates with specialist courses in the area.

EU pressure set to oust three-year RP rule in UK

DH could be forced to rethink restrictions on EU-qualified pharmacists

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The law preventing EU-qualified pharmacists from being responsible for new pharmacies is likely to be scrapped, industry legal experts have predicted.

Pressure from the European Commission would force the Department of Health (DH) to rethink its stance on the issue, David Reissner, head of healthcare at law firm Charles Russell, told C+D.

The Commission said it would be "making further contact with the British authorities to examine the compatibility" of its position with rights granted under European law.

Mr Reissner said this decision put more pressure on the DH. "Now the Commission has interested itself in this issue it seems fairly clear that the law will be changed," he added.



David Reissner: "Fairly clear" that the law will be changed

Joy Wingfield, a professor of pharmacy and consultant, agreed there was now momentum for change, but warned it could still take a long time.

UK law prevents pharmacists who have qualified in other EU countries from becoming responsible pharmacists for pharmacies that have been registered for less than three years.

The Commission had been examining the issue after a French locum Dr Fosso Taga claimed the law was discriminatory (C+D, October 3, 2009, p8). The Commission wrote to the DH on the matter and received a response, but has now pledged to continue that dialogue.

Mr Reissner said: "[The Commission] was not satisfied by the DH's response. That's because it's difficult to give a rational explanation for the decision."

The DH has also come under pressure from pharmacy bodies to change the rule. The RPSGB led other groups urging the DH to change the law at the earliest opportunity.

Scots to pilot alcohol advice service

Pharmacists in north east Scotland are set to pilot a service to help customers reduce their alcohol consumption.

Twenty Grampian pharmacies are expected to take part in a University of Aberdeen study to determine if a pharmacist intervention reduces customers' drinking.

Pharmacy customers asking for smoking cessation advice, EHC, or remedies for conditions such as hangovers, headaches, indigestion, sleep disturbance or stress will be asked to complete a four-question screening tool.

Those whose answers signal possible hazardous alcohol consumption will be given a pharmacy consultation. The effect this has on customers' drinking habits will be followed against a control group not given the consultation.

If the pilot indicates an intervention in community pharmacies is an effective and cost effective way of reducing alcohol consumption, it will be expanded into a larger study.

Lead researcher Margaret Watson hopes the pilot will lead to wider rollout of alcohol interventions.

"We want to drive definitive evidence... so that the government recognises the value of community pharmacy providing this service and expanding the reach of it, because you can only reach so much of the population through the traditional routes," Dr Watson told C+D. **JR**

Can pharmacy cure UK's alcohol problems?

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Pharmacists could vie to run Essex GP surgeries

Essex pharmacists could have the chance to help run selected general practice surgeries in the area.

NHS South West Essex has announced that it will be looking for alternative providers, possibly including pharmacists, to take over the management of 10 surgeries.

The surgeries are currently run by the PCT for a variety of reasons, with two being set up to meet unmet need and others being taken over when managing doctors retired.

An NHS South West Essex spokesperson said: "From mid February we will be asking for expressions of interest and a pharmacist would be able to put in a proposal as an alternative provider."

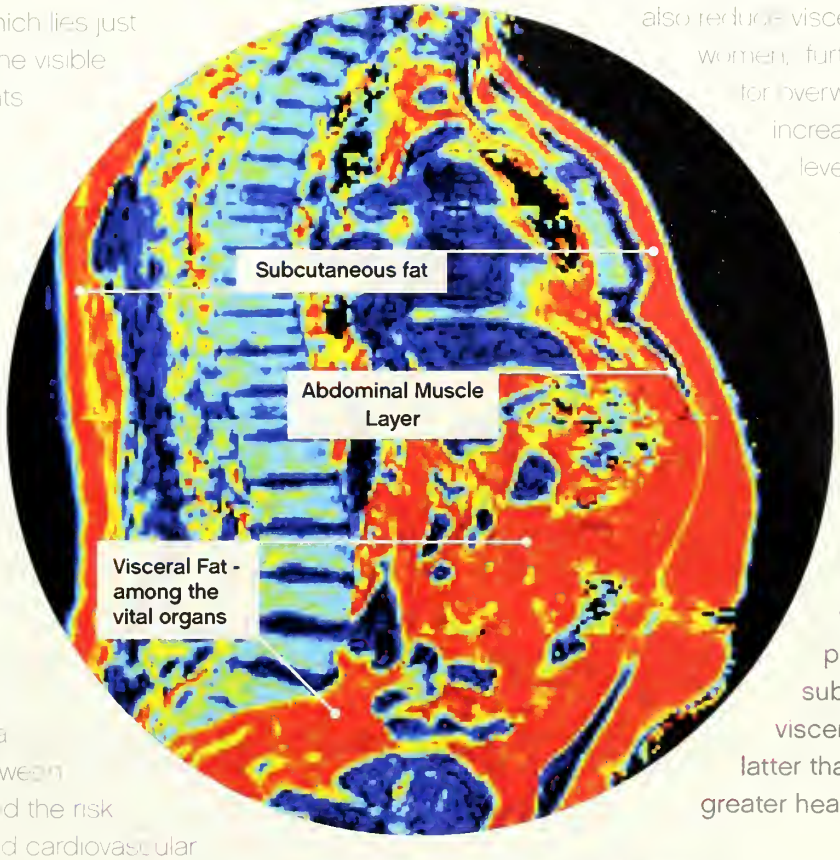
PSNC head of NHS services Alastair Buxton said he knew of one pharmacist already managing a GP surgery in such a way. "They are using the management techniques and knowledge of the pharmacist to improve efficiency and the GPs just work as clinicians," he said.

Over the next 18 months NHS South West Essex hopes to hand over responsibility for running the 10 surgeries, in line with Department of Health guidance. This states that trusts are not expected to manage practices other than for short periods or in an emergency. **KO/ZS**

visceral fat loss – at the centre of weight loss and health gain?

Targeting "hidden" fat should be an important weight loss goal for those at risk of obesity-related health problems.

Subcutaneous fat, which lies just beneath the skin, is the visible fat that everyone wants to lose. But research focuses our attention on a much more dangerous kind of fat: the visceral fat surrounding the organs in the chest and abdomen.[1]



Visceral fat cells produce many chemical messengers that affect metabolic and circulatory pathways.[2] There is a clear relationship between excess visceral fat and the risk of type 2 diabetes and cardiovascular disease.[3]

The good news is that losing weight with a reduced calorie, lower-fat diet – with or without the help of **alli**, a weight loss aid for overweight adults with a BMI ≥ 28 kg/m² – can reduce visceral fat mass.[4] Studies show that exercise alone can also reduce visceral fat in men and women, further encouragement for overweight people to increase their activity levels.

This knowledge can help pharmacy professionals advise and motivate their customers on the importance of a healthy lifestyle. The important message is this: weight loss helps people lose both subcutaneous and visceral fat, but it is the latter that brings significantly greater health benefits.[5]

GSK has examined the effect of the combination of **alli** and a reduced calorie, lower-fat diet in visceral fat loss. The results are soon to be published, so watch this space.

alli
60 mg hard capsules
orlistat

MyPharmAssist.co.uk

Product Information. alli 60 mg hard capsules (orlistat) **Indication** Weight loss in adults (BMI ≥ 28) **Dosage:** *Adults* one capsule within an hour of each of three main meals. Max 3 caps/day for up to 6 months. Use with lower fat meals. Hypocaloric diet if no weight loss within 12 weeks refer to HCP. Diet and exercise known to start prior to treatment **Contraindications** Hypersensitivity to ingredients. Concurrent treatment with oral anticoagulants or ciclosporin. Chronic malabsorption syndrome. Cholestasis. Pregnancy, breast-feeding. **Special warnings and precautions** See GP if kidney disease, on amiodarone, levothyroxine or medication for diabetes or epilepsy. See HCP if on medication for hypertension or hypercholesterolemia. Risk of GI symptoms increases with fat consumption. Take multivitamin at bedtime. See GP if rectal bleeding. Oral contraceptive efficacy may be reduced if severe diarrhoea: use additional contraception. **Drug interactions** Ciclosporin, oral anticoagulants, levothyroxine, fat soluble vitamins, a amiodarone. **Pregnancy and lactation** Do not use during pregnancy or lactation. **Side effects** See SPC for full details. Predominantly gastrointestinal events, faecal urgency, usually mild and transient and reduced by low fat consumption. Pancreatitis, oxalate nephropathy, hepatitis, cholelithiasis, abnormal liver enzymes, anxiety, hypersensitivity reactions including anaphylaxis, bronchospasm, angioedema, pruritus, rash and urticaria, bullous eruptions. **Legal category** P. **Marketing Authorisation Holder** GlaxoSmithKline (I) Ltd, Greenford, Middlesex, UB6 0NN. **MA Number** EU/1/98/070/001-002. **Pack size and RSP (excl. VAT)** 42's £24.54, 84's £43.41. **Last revised** November 2009. **References 1.** Larsson B et al. *Int J Obes* 1984; 8: 249–57. **2.** Kahn et al. *Lancet* 2006; 444: 840–6. **3.** Wang Y et al. *Am J Clin Nutr* 2005; 81: 555–63. **4.** Hensrud DD et al. *J Clin Endocrinol Metab* 2004; 89: 5437–40. **5.** Chandalia M et al. *Diabetes Care* 2003; 26: 2442–2450. **6.** Bunnell J et al. *J Clin Endocrinol Metab* 2000; 85: 877–82. **7.** Goodpaster B et al. *Diabetes* 1999; 48: 839–47. **8.** Ross R et al. *Ann Intern Med* 2000; 133: 92–103. **9.** Ross R et al. *Obes Res* 2000; 8: 785–92. **10.** Park HS, Lee K. *Diabetes Metab* 2004; 22: 266–70.

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Breaking daily news online
www.chemistanddruggist.co.uk

Dispensary talk

Should pharmacists sell homeopathy?



"Yes. I don't really believe in homeopathy but some people say they do benefit from it, so why deny them the chance to use it?"
Lorraine Moore, Rowlands Pharmacy, Sunderland



"Pharmacists should sell homeopathic products but only if they have some understanding of the preparations they're selling. Homeopathy is a science so people need some knowledge of the various preparations on offer."
Jennifer Reid, Fairoak Pharmacy, Streatham, London

Web verdict

Yes 38%

No 62%

Armchair view: Toss out the orchid essences and kiss goodbye to cherry plum remedies, homeopathy has no place in the 21st century pharmacy, according to poll respondents.
Next week's question:
Do you feel comfortable asking customers about their alcohol consumption? Vote at **www.chemistanddruggist.co.uk**

Original pack dispensing campaign promised

Society survey finds snipping packs is 'significant' problem

Jennifer Richardson
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The Royal Pharmaceutical Society has pledged to campaign for pharmacists to be able to dispense medicines in original packs.

Almost two thirds of respondents to an English Pharmacy Board (EPB) survey said snipping packs to supply the prescribed amount was a significant problem.

Nearly 4,000 pharmacists responded to the survey, which RPSGB director for England Howard Duff said gave the Society a "clear mandate" to campaign on the issue.

At a meeting last week, representatives from the NPA, CCA, AIMp and several large multiples backed the calls for original pack dispensing, Mr Duff told C+D. NHS paymasters the Business Services Authority and UK medicines regulator the MHRA also contributed to the discussion.

The Society would use this support and mandate to persuade the government to implement original pack dispensing, it pledged. But prior to the Society's first meeting with the Department of Health, a timescale for action could not be given, Mr Duff said. "All roads now lead to the DH," he added.

The Society's campaign would have three aims, Mr Duff said. First, to allow pharmacists to supply the most suitable original pack for a given prescription and be reimbursed accordingly. The second would be to agree a uniform pack size for a month's supply, and the third to make it easier for GPs to prescribe in original pack sizes, such as by agreeing changes to their computer software.

3,900
pharmacists responded to the RPSGB survey

65%
said snipping packs was a "significant problem"

91%
said accessing and providing an additional PIL was a problem with not being able to provide original packs

78%
felt snipping tablets was unprofessional

Stop Remote Supervision winners told to target PLB presidency

The triumphant Stop Remote Supervision (SRS) candidates must go on to claim the presidency of the new professional leadership body (PLB), the PDA has said.

Securing the Society top job would advance the campaign against any relaxation of supervision laws, PDA chairman Mark Koziol said.

The rallying call came after the SRS candidates, backed by the PDA, stormed nine seats at the RPSGB board elections last week.

Mr Koziol said: "These guys mean business and I believe the best way to be heard is to take a grip of the levers of power."

He added: "I would have thought it would be almost guaranteed that they would want to be involved in the presidency."

Grassroots pharmacists will not vote on who becomes president of the new PLB. Instead, the president will be elected by members of a national assembly, which will oversee the three national boards.

The assembly members should pay close attention to last week's election results when it comes voting day, according to Mr Koziol.

He said: "The SRS candidates didn't win by a few votes, they had more than four times as many as some other candidates. If it's anything else [other than an SRS candidate as president] then members might think: 'What's going on here?'." **MG**



Whithorn Pharmacy played host to a visit from Scottish MP Alex Fergusson last week, when he re-opened the newly refurbished premises. Mr Fergusson (far left), who is the presiding officer of the Scottish Parliament, attracted 40 people to the event in his Galloway & Upper Nithsdale constituency. Pharmacist owners Keith and Fiona McElrea (left) gave a tour of the premises, highlighting their blood pressure, cholesterol and asthma services. Mr Fergusson said the visit was "most interesting". CC



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Bayer supply deal

Bayer Diabetes Care, the diabetes care division of Bayer HealthCare in the UK, has announced a new distribution deal with three wholesalers – AAH, Alliance Healthcare and Phoenix.
www.chemistanddruggist.co.uk

CCA chair steps down

Digby Emson is stepping down as chairman of the Company Chemists' Association (CCA) after 12 years in the role. Mr Emson will leave the association in the spring, but will continue as chairman until his replacement is appointed.

NRT under scrutiny

The MHRA has outlined proposals to bring all products that contain nicotine, with the exception of tobacco, into its regulatory regime. At present, many nicotine-containing products are not regulated by the MHRA because their manufacturers do not claim they can help people to stop smoking.
www.chemistanddruggist.co.uk

Alcohol limits campaign

Pharmacists have been urged to promote a £6 million advertising campaign warning of the health risks linked to drinking more than two alcoholic beverages a day. The sector will be issued with posters and leaflets highlighting the threat of cancer and strokes to drinkers.
www.chemistanddruggist.co.uk

Swine flu stand down

The National Pandemic Flu Service (NPFS) will stand down on February 11, England's chief pharmacist Keith Ridge has said. Dr Ridge said antiviral authorisation would be through healthcare professionals using antiviral vouchers or the right hand side of FP10s that are endorsed "ACP".
www.chemistanddruggist.co.uk

Education debate

The future direction of pharmacy education will top the agenda at the RPSGB's education-themed conference on March 24 at the University of Reading.
events@rpsgb.org

Pharmacist must wait on morphine error verdict

Cancer patient received 10 times the prescribed dose

A Cambridge pharmacist who supplied a dying cancer patient with 10 times the prescribed dose of morphine must wait until April to hear his fate.

Achmat Rossier, of the city's Milton Road Pharmacy, admitted supplying the drugs at an RPSGB disciplinary inquiry in London last week. However, Mr Rossier denied allegations of failing to act in the best interests of patients and without "integrity and probity".

A 71-year-old man died a few days after the error. But a police investigation resulted in no prosecution of anyone involved as medical evidence could not prove the morphine supplied had caused the death.

Mr Rossier described as "very harsh" the verdict of the Coroner into the patient's death. He also rejected comments by the Coroner criticising attempts to blame an assistant.

The Society's panel adjourned to consider whether Mr Rossier's actions impair his ability to practice and, if so, consider what sanction, if any, to impose.

A narrative verdict recorded by the Coroner into the patient's death declared he "received and ingested morphine sulphate 10 times as strong and died from the effects".

Mr Rossier admitted supplying the patient on June 22, 2006, with 100mg morphine sulphate tablets against a prescription calling for 10mg sulphate tablets. The patient died at Addenbrooke's Hospital four days later.

Mr Rossier denied the Coroner's comments criticising his "inclination to place the responsibility" at his assistant's door as being "entirely unacceptable, reprehensible and a prima facie breach of his professional obligations".

He also denied "engaging in behaviour or activity likely to bring the profession into disrepute or undermine public confidence in the profession".

Mr Rossier was suspended from the register for 18 months in August 2008. The order was upheld last December and remains in force until February 28. **UKL**



Generics manufacturer Teva has awarded its 2009-10 bursaries to help pharmacy students suffering financial hardship to complete their studies. The company named four beneficiaries for this academic year, including Laura Scott (pictured), a 19-year-old student at the University of Bath. "The bursary is an absolute godsend because without the money I wouldn't be able to afford books and other necessities for university," she said. The scheme awards up to 10 grants a year, comprising payments of £500 for each year of pharmacy study. MH

Alliance Boots to close final salary scheme

Alliance Boots has revealed plans to close its final salary pension scheme to existing members.

The organisation announced it was consulting employees on closing its UK defined benefit scheme to future accruals for its 15,000 active members. It also plans to introduce a new defined contribution scheme.

According to Alliance Boots, the change will not affect the benefits that employees have already earned, nor will it affect the pension entitlements of those who had left the group.

Stefano Pessina, executive chairman of Alliance Boots, said the move would "help protect the business from the effect of pension funding volatility and ensure the long-term sustainability of the group's UK retirement savings schemes". He added: "We have seen many large businesses like ours make this move and our aim is to encourage greater participation from all UK employees in a fairer scheme."

The company said a further statement would be made once the consultation period is complete. **KO**



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Motilium 10 campaign highlights new claim

McNeil Products is supporting Motilium 10 with a £1 million marketing campaign that highlights the product's new claim, 'unbeaten relief for a queasy stomach'.

The claim is featured on new point of sale material for pharmacies, which includes A3 posters and a dummy pack tray.

In the summer, the brand will be supported by a repeat of its successful 'frogs' TV campaign and will also include the new claim for the first time.

The advertising emphasises that the product is only available from pharmacies.

In addition to its motility action, Motilium 10 (domperidone 10mg) is now indicated for the relief of nausea and vomiting of less than 48 hours duration, which can be associated with over-indulgence, winter vomiting virus, migraine, period pain, food poisoning or stress.



McNeil Products says the new indication offers the pharmacist new OTC opportunities to respond to consumer symptoms within the pharmacy.

Pharmacy guides are available to help explain the new indication to patients.

McNeil Products
Tel: 0845 603 1127

Market focus

- The £19 million stomach upset remedies market has declined by 4 per cent in the last year.
- Despite the overall market decline, Motilium has grown by 46 per cent in the last year.
- Motilium has a 13 per cent share of the market, ranking fourth behind Alka-Seltzer, Andrews and Pepto-Bismol.

Source: IRI data 52 w/e December 26, 2009

Retail talk

Did the recent 'big freeze' affect your product sales?

Yes 100%

No 0%

Off the shelf view:
A unanimous verdict this week as January's unusually severe weather conditions kept customers away from the pharmacy.

This week's question:
Are you making the most of Valentine's Day to boost gift sales? Vote at **www.chemistanddruggist.co.uk/prodnews**

In brief

Dove targets men

Unilever is extending its Dove range with Dove Men+Care for more mature men. There are 12 shower and deodorant products in three variants.
Unilever UK
Tel: 01372 945000

Lil-lets adds colour code

Lil-lets non-applicator tampons packs are now colour coded by absorbency, adopting the style of the compact applicator range.
Lil-lets UK
Tel: 0121 270 8100

TV teach-in for Sensodyne

Sensodyne will be in the public eye throughout February and March, backed by an advertising campaign worth £1.5 million.

A national TV campaign features the core brand's educational 'mode of action' advertisement in which a GSK spokesperson explains how Sensodyne Total Care F Toothpaste works by acting at the source of pain to stop sensitivity.

The TV campaign will be reinforced by national radio and digital advertising including Facebook banners.

Further support for the brand is planned for later this year.



GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
www.mypharmassist.co.uk

NutraSea's liquid assets

A Canadian range of omega-3 supplements is being launched into pharmacies in the UK. NutraSea omega-3 products are sourced from high quality, sustainable fish stocks, according to manufacturer Ascenta.

For adults, the range includes NutraSea Liquid, which is lemon flavoured and can be sprinkled onto salads for a healthy dressing and NutraSea + D Liquid, which has an apple flavour and combines omega-3 with natural vitamin D.

Both products contain 1,500mg of omega-3 fatty acids per daily dose with a minimum of 750mg EPA and 500mg DHA. Both products are also available in capsule versions.

For children, NutraSea Kids Liquid has a fresh 'very berry' flavour and is suitable for kids aged two to 13. One daily teaspoon (5ml) provides 520mg of omega-3 fatty acids EPA and DHA and 50mg of omega-6 fatty acid GLA plus vitamin D.

All the products feature a Pure Check logo to show that they have been independently tested and certified for quality, purity and omega-3 content.

Prices: From £14.99 for NutraSea Liquid/140ml to £19.99 for NutraSea + D capsules/120
CLF Distribution
Tel: 01725 514202
www.ascentahealth.com

Check what's on TV

www.chemistanddruggist.co.uk/prodnews

Pasante adds fun with Glow condom

Pasante Healthcare is expanding its condom brand with the launch of a kitemarked condom that glows in the dark.

The Pasante Glow condom is designed to provide maximum sensitivity and fun.

"The glow in the dark condom is being launched to 'put the fun back into the bedroom'," says Paul Boon, marketing director for Pasante.

Pasante Glow will be launched with a 50 per cent extra free promotion offering six condoms for the price of four. The condom will be available from February 14.

Price: £1.99/6 for the price of 4
Pasante Healthcare
Tel: 01903 753844
www.pasante.com

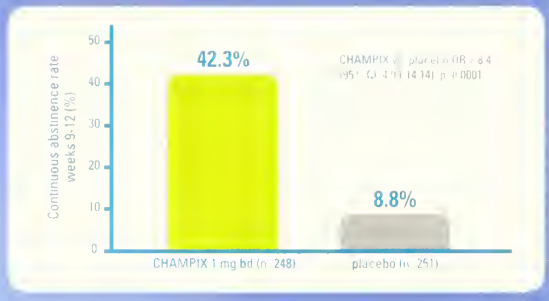


NEW DATA

CHAMPIX can help your mild to moderate COPD patients stop smoking[1]



- 91% of middle-aged smokers exhibit one or more symptoms of COPD[2]
- Smoking cessation is the single most effective intervention to reduce risk of COPD development and progression[3]



- In a 27 centre, double-blind, multinational study investigating patients with mild-moderate COPD who smoked an average of 24 cigarettes/day over the past month for an average of 41 years:[1*]
  - CHAMPIX provided **~8x greater odds** of stopping smoking after 12 weeks of treatment vs. placebo (OR = 8.40; 95% CI: 4.99-14.14, p<0.0001)[1]
  - After one year, 18.6% of patients treated with CHAMPIX remained smoke-free, vs. 5.6% treated with placebo (OR = 4.04; 95% CI: 2.13-7.67, p<0.0001)[1]

***Adapted from Tashkin D *et al.* Presented at CHEST, 2009. A 27 centre, double-blind, multinational study investigated CHAMPIX vs. placebo for smoking cessation in mild to moderate COPD patients (post-bronchodilator FEV$_1$/FEV <70% and FEV$_1$% predicted normal value ≥50%). Subjects received either CHAMPIX 1 mg bd or placebo for 12 weeks, with a 40-week non-treatment follow-up. Primary endpoint was CO-confirmed continuous abstinence rate for weeks 9–12. Mean patient baseline characteristics (±SD): number cigs/day over past month 24 (±11); smoking duration 41 (±9) years.**

CHAMPIX® varenicline tartrate

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION – UK. (See Champix Summary of Product characteristics for full Prescribing Information). Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment.* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions.** *Effect of smoking cessation:* Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Changes in behaviour or thinking, anxiety, psychosis, mood swings, aggressive behaviour, depression, suicidal ideation and behaviour and suicide attempts have been reported in patients attempting to quit smoking with Champix in the post-marketing experience. Not all patients had stopped smoking at the time of onset of symptoms and not all patients had known pre-existing psychiatric illness. Champix should be discontinued immediately if agitation, depressed mood or changes in behaviour or thinking that are of concern for the doctor, the patient, family or caregivers are observed, or if the patient develops suicidal ideation or suicidal behaviour. In many post-marketing cases, resolution of symptoms after discontinuation of varenicline was reported, although in some cases the symptoms persisted; therefore, ongoing follow up should be provided until symptoms resolve. Depressed mood, rarely including suicidal ideation and suicide attempt, may be a symptom of nicotine withdrawal. In addition, smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). The safety and efficacy of Champix in patients with serious psychiatric illness has not been established. There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. There have been post-marketing reports of hypersensitivity reactions including angioedema and reports of rare but severe cutaneous reactions, including Stevens-Johnson Syndrome and Erythema Multiforme in patients using varenicline. Patients experiencing these symptoms should discontinue treatment with varenicline and contact a healthcare provider immediately. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast-feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. Patients are advised not to drive, operate complex machinery or engage in other potentially hazardous activities until it is known whether this medicinal product affects their ability to perform these activities. **Side-Effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side-effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side-effects were increased appetite, somnolence, dizziness, dysgeusia, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for other less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30. Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30. Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60. Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60. Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey, KT20 7NS. **Last revised:** 11/2009. **Ref:** CI7_0

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Pfizer Medical Information on 01304 616161.

For further information, please contact Pfizer Medical Information on 01304 616161 or email medinfo.uk@pfizer.com

References: 1. Tashkin D *et al.* Efficacy and safety of varenicline for smoking cessation in patients with mild to moderate Chronic Obstructive Pulmonary Disease (COPD). Poster Abstract Presented at CHEST, Oct 31st - Nov 5th, 2009, San Diego, California. Abstract 1054. **2.** Calverley PMA. COPD: Early Detection and Intervention. Chest 2000; 117:365S-371S. **3.** Global Initiative for Chronic Obstructive Lung Disease (GOLD). Pocket guide to COPD diagnosis, management and prevention. A guide for healthcare professionals. Updated 2008.

Pfizer Date of preparation: January 2010 CHA851b ©Pfizer 2009

The Finance Zone

As well as the latest news and expert views on finance, this regular monthly column will be your quick guide to managing your money

PART 1 Sound financial advice can help you realise opportunities in a challenging market, says Ian Hardcastle, head of healthcare at NatWest

You will not need reminding that we are coming off the back of a recession and, although the healthcare market has not been as drastically affected as others, it has highlighted the need for all businesses to get on top of things such as controlling costs, improving services and embracing technology – such as EPS and pharmacy robots.

Neither will you need reminding that pharmacy is rapidly evolving. Government support for the sector has dramatically improved in the last 12 months, with a desire to get pharmacists more involved in the day to day care of the community.

So there are opportunities for pharmacies, despite the challenging marketplace. But the opportunities are for well run businesses, and so there's a need for pharmacists to do some health checks on their businesses as well as their patients.

The year 2010 will be particularly key for pharmacy and NatWest sees it as an exciting and evolving sector. I'm particularly encouraged by the increasing focus on community services such as MURs and minor ailments. This has the potential to positively affect cash flow – pharmacies with the right business models will capitalise on that.



Ian Hardcastle: pharmacists need to health check their business

In order to help pharmacists meet these challenges and realise their opportunities, NatWest is delighted to be supporting the C+D Finance Zone. In this column and at www.chemistanddruggist.co.uk/finance, the C+D Finance Zone will provide pharmacists with financial advice from maximising profit to pension planning. It will also contain pharmacy finance news, financial tools and an Expert Q&A with NatWest's healthcare specialists.

We have been in the healthcare market for 30 years and last year we supported 2,500 British pharmacies. We have the largest healthcare team of any UK bank – over 200 specialist relationship managers across the country who understand the pharmacy sector in great detail.

NatWest recently launched a number of initiatives to help businesses trade through the recession, as set out in our SME (small and medium enterprises) charter. We are the only bank offering a combination of a committed overdraft and a price promise – as a result of this nine out of 10 small business customers have had their overdraft facilities renewed at the same or lower margin. As well as offering a dedicated business hotline, NatWest and RBS help more new businesses get off the ground than any other bank, presently supporting over 2,000 start-ups per week and providing new loans to over 5,000 businesses a week. NatWest also offers a wide range of business finance options, including loans, the full range of normal banking services such as savings accounts, and support schemes.

The C+D Finance Zone is a great opportunity for NatWest to partner with a key sector voice and add value to the services we offer our pharmacy customers – please visit www.chemistanddruggist.co.uk/finance.

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Xrayser

We can't afford not to pay the cost of advice



> WE CAN PROVIDE PERSONAL TREATMENT, BUT IT TAKES TIME AND COSTS MORE THAN £28

I walked into the pharmacy this morning, and saw another sackful of returned drugs. I feel like showing our overflowing drug disposal bins to every patient who raves about the current drug shortage and saying: "Help yourself to some of the £100 million worth that goes unused." With such anxieties, why is medicines adherence such a problem?

Strange what motivates us, what makes us behave the way we do. Some motivations are clear – greed, lust, envy. Equally clear is the survival instinct, which translates to keeping one's job, and so as soon as the Pharmacists' Defence Association had persuaded us that a vote for anyone other than their candidates meant we were turkeys voting for Christmas, the EPB election outcome was a dead cert. So why then is it apparently so difficult to get patients to take their medication?

This is where our training may be lacking. It's not enough, during an MUR, to tell a patient the statin will reduce their stroke risk by 10 per cent, when every newspaper tells them it's going to melt their muscles. With half the transplant patients stopping their anti-rejection drugs 12 months post-op, the sales of homeopathy so high, and the uptake of free H1N1 vaccination of pharmacies so low, this is not an argument to be won with science. The best comment I read this week was that patients need to be treated as individuals, so that their treatment is not to a protocol, but is personal to them. We can do that, but it takes time. Proper time that is, not just a quick 10 minutes in a side room. And that costs more than £28. Would there be the political will for fewer, longer MURs, but with greater payment for genuine intervention?

Perhaps it is good that medicines adherence is such an issue, especially as PSNC tries to negotiate our retained income during the worst recession for 70 years – here surely is something worth the DH spending money on. To the all-party pharmacy group of MPs we are "potential problem solvers", hailed as "experts in medicines", so we say "give us some of the £100m that's wasted, and we'll save it", but how do you know what is wasted and what is saved?

Concordance has as many variables as forecasting the weather, which is why every study to show the cost-effectiveness of MURs or other drug waste-reduction campaigns has struggled to reach a conclusive answer. We can all think of patients who we have encouraged to comply, and we know that patient satisfaction with MURs is at an all-time high, but how many of those really translate into increased adherence and reduced waste? We know it works, we just can't measure it.

How like the businessman who said: "I know that half the money I spend on advertising is wasted. The trouble is, I don't know which half."

Terry Maguire

Making POM to P switches a surefire success

For reasons unknown, I was recently invited to an MHRA meeting to investigate how the public might get better access to medicines.

The government is committed to self-care and, as this policy is high priority, all government agencies – of which the MHRA is key – are required to seek ways to support self-care and ensure the rules and regulations that they function under do not act against government wishes.

It proved an interesting meeting, if a little narrowly focused. POM to P and P to GSL switches were really the only agenda item, yet the more I heard from delegates the more I realised that POM to P switches are probably not an efficient way to increase public access to medicines, if that is what the MHRA really wants.

Rather, I would suggest making POMs become Ps by default, say after five years on the market and, at that time, leaving the decision to supply a medicine or not to the pharmacist using a combination of ethical and legal regulation. The pharmacist would of course comply with record keeping and appropriate labelling requirements.

POM to P switches are required to develop risk management plans that assume all pharmacists and pharmacies have the same level of competency as the worst possible pharmacist. So the competence of the pharmacist when supplying a newly switched medicine is largely a tick box exercise.

It's almost as if a POM to P switch will only be granted where the application is really for GSL status. I agree many switched products do not go on to GSL but those that are commercial successes generally do.

I sense that the industry often views the pharmacist and support staff as a nuisance to be got around rather than an important partner.

It's no wonder then that many pharmacists fail to embrace switches with enthusiasm. In addition, companies that sponsor switches seem to ignore the valuable insights pharmacists have on what is likely to be a commercial success and what is not. Few pharmacists at the coal face would have voted for simvastatin as a successful commercial switch; I was delighted simvastatin switched but that's my political, not my commercial, view. Switching is left too much to the discretion of the pharmaceutical industry.

The current system does not make it easy for other bodies to become involved. If the MHRA really wishes to improve access to medicine it needs to see a wider picture, put more faith in pharmacists and their staff and not stay wedded to the inefficient scheme of switches it has evolved.

Terry Maguire is a community pharmacist in Northern Ireland



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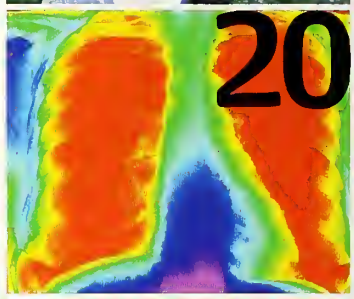
News Analysis

After homeopathy protests last Saturday, we ask if pharmacists should stop selling these remedies



Update: Respiratory Health Month

The first of four articles looks at how OTC cough medicines work and their efficacy



Practical Approach

A patient complains she's lost her libido: how do you find the cause and what are the treatment options?



Contraception and sexual health

Two case studies and top tips to boost your sales in this key market for pharmacy



C+D Awards

James Wood tells how his drive to improve patient care saw him named 2009's New Pharmacist of the Year



Jobs

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www.chemistanddruggist.co.uk

Homeopathy: to sell or not to sell?

At 10.23am last Saturday, anti-homeopathy demonstrators staged a mass 'overdose' across the country. **Chris Chapman** asks if pharmacists should stop selling these remedies

Last Saturday, at 10.23am, protesters congregated outside branches of the UK's largest multiple pharmacy chain, Boots, to demonstrate against its sale of homeopathic products. The sceptics quaffed whole bottles of homeopathic remedies to show their lack of faith in the treatment.

It is time, they demanded, for pharmacies to stop selling a medical product that the RPSGB says is backed by no scientific evidence.

There is no doubt homeopathy in the UK is big business, with around £40 million in over-the-counter sales from providers, including pharmacies, every year. Of this sum, around £150,000 comes from the 26,000 NHS prescriptions written for homeopathic products. The NHS is estimated by the British Homeopathic Association to spend a total of £4m on homeopathy, including running four homeopathic hospitals.

But the RPSGB says there is no evidence to support homeopathy. In November, the RPSGB's chief scientific adviser Jayne Lawrence stated there was "no scientific basis" for homeopathy at a meeting of the House of Commons Science and Technology Committee.

"We believe there is not any clinical or scientific evidence supporting their [homeopathic products'] use," professor Lawrence added. "In randomised controlled trials, I categorically say it does not work."

Last year the Society also issued ethical guidance over the use of homeopathy for malaria prophylaxis. The Society recommended that pharmacists ensure patients "are aware of the risks" of not using recognised medicines.

The Faculty of Homeopathy, which represents health professionals who practise homeopathy, also does not recommend homeopathy for malaria prevention as "there is no scientific proof" it is effective.

The overall guidance from the Society, however, is less clear-cut. It states pharmacists who offer homeopathy should consider referring a patient to a GP if the condition is serious, and not make any claims about the treatment's effectiveness. However, it does not state pharmacists should refuse to offer the remedies.



Protester Simon Singh takes an 'overdose' of a homeopathic remedy

With the efficacy of homeopathy in doubt and the NHS moving toward evidence-based medicine, it seems hard to justify selling homeopathic products. But pharmacist Geoff Ray, whose Total Health Pharmacy in Watton, Norfolk, sells the products, says it's not the complete picture. He argues that even if there is just a placebo effect, it is the results that matter.

"Nobody can explain the science," Mr Ray says. "But looking holistically, it has a huge effect on perceptions... done properly it can have a benefit. If that is psychosomatic, then so what?"

Boots superintendent Paul Bennett concurs. He says although there is no evidence homeopathy works, it is important to offer patients choice. "We know that many people believe in the benefits of complementary medicines," Mr Bennett says. "We aim to offer the products we know our customers want."

Mr Bennett points out that homeopathy is recognised by the NHS, and that it would be wrong to deny a regulated product to patients who believe it works.

"From a community pharmacy retail point of view, we rely very heavily on the regulatory process to indicate to us which products are approved and safe for sale," he told the House of Commons Science and Technology Committee.

But the MHRA is focused on the safety of products, not their effectiveness. Chief executive Kent Woods says that the low risk involved in patients taking homeopathy means the drugs watchdog is less concerned with whether the product works.

"The fact that the level of risk is perceived to be very low makes us a little less stringent than we would be in the conventional sphere in the evidence for efficacy," Mr Woods told the Commons committee.

The government is also hesitant about taking a stand. According to health minister Mike O'Brien, the government has spent almost £1m on trying to set up regulation of homeopathy. But he insisted, when giving evidence to the committee, that it is not the government's place to decide whether pharmacists and GPs should offer the therapies.

"We take the view as ministers that it is not our job in relation to this, which is a somewhat controversial area... to stop clinicians who take the view they want to prescribe it, from doing so."

Homeopathy regulation is trapped on a merry-go-round. While many agree there is no evidence it works, nobody is prepared to take a stand and stop the ride. Pharmacists argue it should be up to the MHRA and government to apply the brakes; the players at the top of the NHS are reluctant to make the call.

Mike O'Brien told the Commons committee the NHS's continued support for homeopathy is not about justifying the treatment, but about justifying the choice to stop funding.

And with both health chiefs and pharmacy passing the buck, it looks as though the sector may continue supplying a treatment with no evidence base for some time yet.

Marking 10 years of excellence

Every UK household will have one or more Reckitt Benckiser (RB) products in the kitchen, bathroom or in the medicine cabinet ... A global leader and FMCG powerhouse, setting the pace for the last 10 years, RB is a world leader in household, health and personal care – selling 15 million consumer units a day (5.5 billion a year) across over 180 countries. And 2010 is set to be another significant year for the business.

In the UK RB has just announced a new structure for its commercial operations, bringing together the Healthcare and Household businesses. The new integrated business is designed primarily to ensure the provision of even more efficient customer service. It will also strengthen RB's position as one of the UK's top consumer companies and this, together with its clear strategy and unique culture, will, RB believes, make it the preferred FMCG employer. As RB says: "The best like to work for the best."

RB UK is already leading development for many of the company's product categories and will now have even greater influence in driving innovation across RB's 17 global Powerbrands such as Nurofen, Strepsils, Finish, Dettol, Vanish, as well as leading local brands such as Lemsip, E45 and Optrex.

A passion for success

Words like 'innovative' can be overworked, but there is no other way to describe RB's performance over the last 10 years. Innovations launched in the previous three years account for 40% of its net revenue[1]; and while generations have been reaching for its brands, sure-footed development and smart marketing has kept the brands contemporary and relevant.

Its iconic brands have helped secure RB's enviable position as the UK's largest OTC healthcare company – and this remains the fastest growth area of the company – 14% in the first half of 2009.

You don't lead a global market just by talking about it

On average, RB changes a product formulation every eight hours. This is testament to its strong chain of command and supply, from perceptive consumer insight, rapid product development and efficient supply through to the moment product arrives on the shelf. RB backs its brands on-shelf with its marketing support and is the third largest advertiser in the UK,[2] the biggest OTC healthcare advertiser, and is now becoming one of the largest online advertisers. It ploughs back a much greater percentage of its income into marketing support than its competitors.[3]

The ability to double net revenue during this 10-year period – and dodge the recession with continued growth – comes from the ground up. RB has a flat, lean management structure, and a dynamic culture that offers 'constructive conflict' within a framework of mutual respect, to provide the best conditions for diversity of opinion and a spirit of entrepreneurship that is RB's source of innovation. It is why RB attracts the very best global talent.

RB – 10 years at the top – how many companies have standards as high as ours?

Impressive portfolio of brands make it one of the UK's largest and most successful FMCG businesses.

- FTSE top 25 company, market cap £20bn[4]
- among the highest rates of media investment – 12.4% of net revenue[5]
- more than doubled its net revenue in 10 years[6]
- track record of outperforming the market – 9 straight years above industry growth[7]
- manufacturing is carbon neutral thanks to its Trees for Change programme
- Powerbrands account for 62% of total business[8]
- employs 23,000 people world-wide in 60 countries, manufactures in 42 countries, sells in 180 countries
- changes a product formula about every eight hours

10 years of great innovation

- **Gaviscon handipak** – brought convenience to OTC medicine
- **Nurofen Express** – introduced 'speed' as a concept to OTC pharmaceuticals
- **Air Wick Hyper scent** – introduced decorative air-fresheners and cross category technology working in air and lavatory care to market
- **Vanish Oxi-action** – introduced in wash stain removal + pre-wash capability
- **Veet Rasera** – combined depilation with razor hair removal action
- **Cillit Bang** – launched in 68 countries in just one year
- **Finish Quantum** –superior cleaning technology in a revolutionary dissolvable wrapper-free shell
- **Air Wick Freshmatic** – created a completely new Aircare segment
- **Mortein with Dettol** – combined two Powerbrands – germ protection + bug kill

RB – successful because ...

- The company invests more than any of its competitors in innovation and marketing.
- Its Powerbrand strategy focuses resources on 'powerbrands' in high growth categories, resulting in brands that are all global leaders or no 2 in their fast growing categories.
- It has a unique culture – RB is truly global in mindset and approach and the passion and commitment of its people helps push the boundaries of possibility.

10 years of RB – based on over 150 years of combined innovation

RB UK markets some of the UK's best known and iconic brands, yet constant innovation keeps them fresh and they continue to lead the marketplace, for example Dettol, Finish and Strepsils. Gaviscon and Lemsip are relative newcomers at over 40 years old!

RB stays ahead by continually developing products that meet clear consumer needs and then delivering them to market quickly and effectively. Innovative thinking drives every process from supply chain management efficiency and ground-breaking sustainability policies to the unparalleled support it gives to its brands, and its customers. It's a customer centric approach that keeps its revenue growth consistently higher than the industry average.

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Update

Your weekly CPD revision guide

Module 1512

Respiratory Health Month

February's Update articles focus on respiratory disease, starting with the treatment of minor coughs. Articles on asthma and COPD will appear in February's C+D and online at www.chemistanddruggist.co.uk/update

Treating coughs

A guide to the ingredients in OTC medicines

Alan Nathan FRPharmS

60-second summary

Are you giving the best advice on cough medicines?

This article is a CPD revision guide to the most suitable ingredients for treating the three different types of cough, and when to refer a patient to their GP.

Are these products just a placebo?

Trials produce mixed results. Cough medicines often contain sub-therapeutic doses of similar ingredients, or very low concentrations of impressive-looking traditional ingredients. The sweetness of syrups may influence production of endogenous opioids in the brain. Irrational formulations such as mixtures combining antitussive and expectorant ingredients have been withdrawn.

What about interactions?

Decongestants have a range of important interactions and contraindications.

This article (Module 1512) can help in the following CPD competencies: G1a, G1c, G1d, G2o,C1a, C1f.
See http://tinyurl.com/68ox7b

Supported by GENUS PHARMACEUTICALS

Acute cough is a common symptom associated with viral upper respiratory tract infections (URTIs) such as the common cold. It is also the type of cough for which customers most frequently ask pharmacists for treatment. However, cough can also be a symptom of more serious conditions and patients reporting any of the symptoms or circumstances listed in the panel on p21 should be referred to a doctor for further investigation.

There are three basic types of acute cough:
- 'dry' (irritating and non-productive)
- 'chesty' (with production of mucus)
- 'chesty, non-productive' (no mucus is produced but there is a feeling of 'tightness' or wheezing resulting from congestion of the bronchial airways).

Although there may be doubt about the effectiveness of OTC cough medicines,[1] to judge from the value of their sales (more than £100 million in 2008 or nearly £2 for every person in the population) – and the range of products available (more than 80 proprietary brands and variants), the British public certainly appears to have faith in them. A placebo effect may play a significant part in the perception of their effectiveness, but it has also been suggested that the sweet taste of cough syrups may itself exert a pharmacological action, modulating cough at the level of the nucleus tractus solitarius in the brain, which is involved in cardiorespiratory regulation and pain sensitivity, possibly by influencing production of endogenous opioids.[2] There is also clinical evidence of effectiveness for at least some cough medicine constituents. The active ingredients fall into four main categories:
- suppressants (antitussives), for dry, irritating coughs
- expectorants for chesty, productive coughs
- decongestants for chesty, non-productive coughs
- demulcents, to soothe any kind of cough.

Antitussives

Infection of the upper respiratory tract produces inflammation and irritation of the throat and trachea, stimulating the cough reflex in an attempt to remove what the brain perceives as a foreign object, resulting in a dry, non-productive cough. Such coughing serves no beneficial purpose, is inconvenient and can eventually become debilitating. It can justifiably be suppressed with antitussives. Two classes of compounds are used – opioids and antihistamines.

Opioids available in OTC cough preparations are codeine, pholcodine and dextromethorphan. Opium alkaloids act on the medullary cough centre in the brain to depress the cough reflex. Both dextro and laevo isomers of opioid compounds possess antitussive activity, but only the laevo isomers can cause dependence.

Dextromethorphan, a dextro isomer developed as an orally active antitussive with little or no dependence liability, is now the most widely used opioid constituent of OTC cough remedies.

Codeine and pholcodine have been traditionally rated as more potent than dextromethorphan. Codeine is partially demethylated in the body to morphine. This may contribute to its antitussive activity but also accounts for its liability to cause sedation, respiratory depression (although this is not normally a problem at OTC doses), constipation and addiction. It is now little used in proprietary formulations. Pholcodine has a generally better side effect profile than codeine, and dextromethorphan is claimed to be virtually free from side effects.

At antitussive doses, opioids have no significant interactions with other drugs. Recent evidence as to whether codeine, pholcodine and dextromethorphan are effective is conflicting, and most trials rate them as little or no better than placebo.[3-7]

Antihistamines available in antitussive cough medicines are diphenhydramine, promethazine and triprolidine. These are all sedating antihistamines and exert a central and peripheral inhibitory action on neuronal pathways involved in the cough reflex. Their sedative properties may be an important factor in their use, as they will help cough sufferers to sleep if taken near bedtime. They also exert anticholinergic side effects, including the drying of bronchial and nasal secretions, which may be helpful in some situations. Side effects include anticholinergic effects such as dry mouth, urinary retention, constipation and blurring of vision. The elderly are more susceptible. Because of these side effects, cough preparations containing antihistamines should not be recommended to patients with glaucoma or prostate problems. Paradoxical stimulation of the central nervous system (CNS) can also occur, particularly in children, and there have been occasional reports of hallucinatory episodes.

The antihistamines in cough medicines can interact with other drugs: the sedative effects of antidepressants, anxiolytics and hypnotics are

likely to be enhanced, as are the antimuscarinic actions and side effects of drugs such as trihexyphenidyl, orphenadrine, tricyclic antidepressants and phenothiazines. Little research has been published on the antitussive effects of antihistamines, but trials have shown they are effective.[8,9]

Expectorants

In a productive cough, mucus produced in the bronchial passages as a result of infection to trap infecting organisms is moved upwards towards the pharynx by ciliary action and then expelled by coughing. As the cough is clearing mucus and helping to keep the airways open, it should not be suppressed. Expectorants are used to assist mucus removal. In large doses they are emetic, acting through vagal stimulation of the gastric mucosa to produce a reflex response from the vomiting centre in the brain. The same mechanism stimulates the bronchial glands and cilia, and it is postulated that this stimulation still occurs at sub-emetic doses.

Compounds used in expectorant cough medicines are guaifenesin, ammonium chloride, ipecacuanha and squill. Although expectorants have long been used, there is little objective evidence of their effectiveness. Guaifenesin is frequently included in proprietary preparations, and is recognised by the US Food and Drug Administration as being effective at doses of around 200mg three times a day. However, the drug has a short half-life and more frequent dosing may be necessary to ensure effectiveness. There is little risk of adverse effects from expectorants, and they do not interact with other drugs.

Decongestants

The sympathomimetics ephedrine and pseudoephedrine are used in decongestant cough mixtures. Sympathomimetics mimic the action of noradrenaline, the principal neurotransmitter between the nerve endings of the sympathetic nervous system and the adrenergic receptors of the innervated tissues. They stimulate both alpha adrenoceptors, causing constriction of smooth muscle and blood vessels, and beta adrenoceptors, producing bronchodilation.

Decongestants are therefore useful in coughs where the tissues of the upper respiratory tract are congested, as they shrink swollen mucosae and open up the airways. Sympathomimetics may also have CNS-stimulating effects and their vasoconstricting action tends to raise blood pressure. Ephedrine and pseudoephedrine have more or less equivalent action on the respiratory tract, but ephedrine has greater CNS and pressor activity, and is used in few products.

Because of their pressor effects and because they can also increase heart rate, sympathomimetic decongestants should be avoided by patients with any cardiovascular condition or glaucoma. These drugs also interfere with metabolism, including glucose metabolism, and should not be taken by patients with diabetes or thyroid problems. As they are CNS stimulants, doses should not be taken near to bedtime.

Sympathomimetics interact with monoamine oxidase inhibitors (MAOIs) prevent the breakdown of noradrenaline and increase the amount stored in adrenergic nerve terminals. Administration of sympathomimetics in conjunction with MAOIs will increase the level of adrenergic transmitters, potentially resulting in a lethal hypertensive crisis. Sympathomimetic decongestants must therefore not be given to patients taking MAOIs.

Oral decongestants should also be avoided by patients taking beta-blockers, as sympathomimetics stimulate both the alpha adrenoceptors of the cardiovascular system to produce vasoconstriction, and the beta adrenoceptors to produce vasodilatation and stimulation of the heart. The effect is a slight increase in both blood pressure and heart rate. Blockade of beta-adrenoceptors by beta-blockers allows unopposed alpha-adrenoceptor-mediated vasoconstriction, which can lead to a greater and potentially hazardous rise in blood pressure.

Demulcents

Substances used in demulcent cough medicines are glycerol, liquid glucose, syrup, honey and treacle. Demulcents coat the mucosa of the pharynx and provide short-lived relief of the irritation that provokes reflex coughing. In practice they are used mainly for their placebo effect, although it has been suggested that the sweet taste of syrups might boost production of endogenous opioids in the brain.[2] Pastilles (eg glycerol, lemon and honey) may provide a more prolonged soothing effect as they promote production of saliva, which also has a demulcent effect. Demulcents can be taken by anyone; the only issue is the high sugar content of some preparations, and these should be used with caution in diabetes and in children because of their cariogenic potential. Several sugar-free linctuses are available, both of the demulcent type and containing active ingredients.

Cough: when to refer

- **Night cough in children** This is common in association with a cold, but in the absence of cold symptoms could indicate asthma.
- **Patients with asthma** Viral URTIs may trigger attacks.
- **Patients with bronchitis** Viral infections may become complicated with bacterial infection.
- **Cough persisting for more than two weeks** or worsening over a shorter period.
- **Coloured sputum** This may be yellow, green or brown and indicates bacterial infection.
- **Blood-flecked sputum** Prolonged coughing may cause capillaries in the bronchial passages to rupture and spot the sputum, but there may be a more sinister cause, such as tuberculosis or carcinoma.
- **Productive cough with pink frothy sputum and dyspnoea** in elderly patients may indicate cardiac failure.
- **Severe pain on coughing or inspiration** may indicate pleurisy or pulmonary embolism.
- **Suspected adverse drug reactions**
- **Cough with associated weight loss or fatigue**

Combination cough remedies

Proprietary cough remedies that contain a single ingredient are the exception rather than the rule. Some products contain just an antitussive (usually dextromethorphan) or an expectorant (usually guaifenesin), but the majority are mixtures containing up to six ingredients, plus vehicle and flavourings. Most products contain pharmacologically rational combinations, such as an antitussive with a decongestant/bronchodilator, which is sensible for a dry cough with wheeziness or congestion, or an expectorant with a decongestant, suitable for a productive cough with congestion. Irrational formulations that combine an expectorant with an antihistamine with mutually antagonistic effects on clearance of mucus, or an antitussive to suppress coughing with an expectorant to promote it, have been withdrawn in recent years.

In addition to a more or less therapeutic quantity of an active constituent, some products contain a number of traditional ingredients in very small concentrations. It is unlikely that these could have any therapeutic effect. Menthol and volatile oils, which provide a 'medicinal' aroma and flavour, are also often included.

Some products contain sub-therapeutic amounts of several ingredients with the same action, such as expectorants, perhaps in the belief that they will have an additive effect and be effective while minimising any adverse effects. Such combinations are unlikely to have any therapeutic effect beyond that of a placebo.

Restriction on use in children

In March 2008, the Paediatric Medicines Expert Advisory Group and the Commission on Human Medicines advised that cough preparations containing brompheniramine, chlorphenamine, dextromethorphan, diphenhydramine, guaifenesin, ipecacuanha or pholcodine should not be used in children under two years. Following a further review in March 2009, this advice was extended to include children under the age of six years. Manufacturers have amended their product labelling accordingly and some children's cough preparations have been withdrawn.

Alan Nathan FRPharmS is a pharmacy writer and consultant

References are in the online version of this article at www.chemistanddruggist.co.uk/update

Download a CPD log sheet that helps you complete your CPD entry when you successfully complete the 5 Minute Test for this Update article online (see p22).



NEXT WEEK
Respiratory Health Month: part 2
Asthma and COPD – can you tell which is which?

Treating coughs

Reflect

What are the side effects of the antihistamines used as antitussives? How do expectorants work and are they effective? Which patients should avoid cough medicines containing decongestants?

Plan

This article discusses the different types of acute cough and the ingredients found in OTC cough medicines. It includes information about the uses, actions and side effects of antitussives, expectorants, decongestants and demulcents.

Act

- Update your knowledge of the OTC cough medicines available and their use by looking at the C+D Guide to OTC Medicines and Diagnostics and your pharmacy stock. Make a list of those you would recommend for each type of cough. Make sure your counter assistants are aware of your choices and why.
- Think how you could explain the differences in cough medicines to a patient. What could you recommend for patients in whom cough medicines are contra-indicated?
- Think what you would do if you suspected a patient was abusing cough or cold medicines.

Evaluate

Are you now confident in your knowledge of the different types of cough and the OTC medicines available to treat them? Do you know how antitussives, expectorants, decongestants and demulcents work, their side effects and which patients should avoid them?

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Practical Approach Test yourself in this everyday pharmacy scenario

What to do about loss of libido



Relief pharmacist Lydia Allen is on duty at the Update Pharmacy. In the staff room at lunchtime, senior medicines sales assistant Hannah approaches her.

"Lydia, could I talk to you about something personal?" Hannah says.

"Of course, what is it?"

"I've gone off sex. I just never seem to be in the mood anymore. I just wondered if you might know why? We've got some herbal products that are supposed to help, do you think they'd be any good?"

"May I ask you some questions first?" Lydia asks. Hannah agrees.

"First, is everything all right at home? No family problems – the children, or between you and your husband?"

"No, everything's fine. I think Andy must be getting fed up, but he's been very understanding so far."

"So, you're not feeling generally depressed about things?"

"No, I'm fine. I've got nothing to be depressed about."

"What about your health? Have you had any kind of illness lately? Are you taking any medicines?"

"No, I'm quite healthy, although I've just started going through the change and that's causing a few problems. The biggest is vaginal dryness, and also I get nasty hot sweats at night. So, really, I suppose I know what the problem is. But I don't want to go on HRT and I was hoping that you could recommend something."

Questions

1. What are the possible causes of a loss of sexual desire in women?
2. Which drugs may cause it?
3. Can Lydia offer any help with Hannah's specific problems?
4. Are herbal medicines any help?

Answers

1. Psychological: relationship problems (unexpressed negative feelings about the partner, extramarital affairs), motivational problems (fear of loss of femininity, loss of reproductive potential), cognitive problems (low self image and self esteem), family problems ('empty nest' syndrome); life stresses (retirement, financial worries). Physical: anaemia, hypothyroidism, autoimmune disease, atrophic vaginitis caused by oestrogen deficiency, recent surgery, eg hysterectomy, bilateral oophorectomy.

2. Alcohol; hormonal contraceptives; MAOIs; TCAs; SSRIs, serotonin and noradrenaline reuptake inhibitors, especially venlafaxine, duloxetine; lithium; antihypertensives (clonidine, methyldopa, spironolactone); anti-androgens (cyproterone, gonadotrophin releasing hormone analogues).

3. Lubricating gel for vaginal dryness. Hot sweats and flushes: there is some evidence that women who are more active tend to suffer less from menopausal symptoms – regular sustained aerobic exercise such as swimming or jogging is best; also, wearing lighter clothing, sleeping in a cooler room. Some women find that avoiding spicy foods, caffeine, smoking and alcohol can help.

4. Black cohosh, red clover, dong quai, evening primrose oil, ginseng, soy, and kava have been marketed for menopausal symptoms. However, the British Menopause Society has stated: "Evidence from randomised trials that alternative and complementary therapies improve menopausal symptoms or have the same benefits as HRT is poor. A major concern is interaction with other treatments, with potentially fatal consequences. Some preparations may contain estrogenic compounds, and this is a concern for women with hormone-dependent diseases, such as breast cancer."

This article can help with these CPD competencies: G1a,G1c, G1d, G2o, C1a, C1f.
See http://tinyurl.com/68ox7b

CATEGORY FOCUS

Contraception and sexual health



Increasing demand for choice and convenience in sexual health services and an increasing range of OTC products present pharmacists with exciting opportunities to provide innovative and comprehensive services, says **Francesca Robinson**

Sexual and reproductive health services are a public health priority for the NHS. This is a fast growing sector that is presenting community pharmacy with exciting opportunities to offer extended services and work in innovative ways.

Demand for safe and easily accessible services is relentless, as women expect increased choice and convenience of contraceptive services. Meanwhile, sexually transmitted infections (STIs) continue to rise and the Department of Health struggles to reach its target of halving teenage pregnancies.

The government's vision, outlined in the 2008 pharmacy white paper, is that pharmacists should make greater use of their clinical skills to help improve sexual health and other relevant services.

RPSGB research[1] (references online at www.chemistanddruggist.co.uk/indepth) shows that the public is increasingly willing to consult pharmacists on sensitive issues such as sexual health. Government campaigns promoting safer sex messages, chlamydia testing and increased use of long-acting reversible contraceptives (LARCs) are helping to drive sales.

The market for contraceptive and sexual health products is buoyant. Sales of emergency hormonal contraception (EHC) – Levonelle – were worth £19 million in 2008, seeing a jump of more than 10 per cent over the previous year, according to data provider Euromonitor. Sales are expected to continue to grow, despite heavy government TV advertising campaigns advocating safer sex.

The UK contraceptive pill prescription market was worth £134m in 2008, according to market analyst Datamonitor. The market grew by 7 per cent and is forecast to continue growing. Analysts are closely watching how popular the new contraceptive pill Qlaira will be. Launched in 2009, Qlaira contains a natural oestrogen, which may be perceived by women to be safer.

An ongoing trial in three London PCTs where women can access the contraceptive pill from community pharmacies without prescription could be another potential market driver. And yet another is ongoing efforts by the NHS to reduce the numbers of unintended and teenage pregnancies. The NHS is keen to encourage more girls and women to try LARCs, as these are considered to be more reliable than the pill.

The condom market declined in 2009 – though sales, driven by the still leading brand Durex, were worth nearly £46m, according to market analysts IRI (see Market Insight, overleaf).

But according to data provider Mintel, there is an increasing focus on marketing condoms towards women, encouraging them to be proactive in looking after their health. And government statistics[2] show that the condom has caught up with the pill as women's usual method of contraception. Condoms are used by 25 ►►

Seven sexual health sales tips

1. Be approachable, non judgmental and discreet, and reassure customers that services are confidential.
2. Cross-sell. Customers requesting EHC can also be signposted to OTC products, including condoms and chlamydia test kits.
3. Make the category accessible – customers may be too embarrassed to ask for help if they can't find or reach what they are looking for. Avoid high shelves, and consider dummy packs on the shop floor for P products.
4. Dual site to encourage impulse purchases – for example, place condoms alongside sanitary products as well as in a dedicated sexual health section.
5. Don't forget the men. Leaflets placed around the shaving products can provide key information.
6. Don't forget the older generation. Research[3] shows adults over 45 are starting new sexual relationships and increasingly getting STIs.
7. Make sure you are providing a complete package of joined up services. This will increase customers' respect for and trust in the pharmacist and encourage customers to return for further advice and information.

Market Insight

The past year has seen a decline in condom sales, of almost 4 per cent. The trend is driven by leading brand Durex, with decline across many of its sub-brands. However, there has been strong growth in the lubricating jelly sub-category of 10 per cent year on year. This has been driven by additions to the Durex Play range, which has grown category sales as well as stealing share from existing products.

Feminine creams have shown growth in the past year of close to 70 per cent, driven by the launch of the Balance Activ brand.

Market changes 2008-09

Condoms

Total market value
£45,974,200 ↓ 3.9%

Pharmacy
£20,730,632 ↓ 4.3%

Grocery
£20,746,388 ↓ 2.5%

Lubricating jelly

Total market value
£12,559,297 ↑ 10%

Pharmacy
£8,002,379 ↑ 13%

Grocery
£4,460,132 ↑ 5.6%

Feminine creams

Total market value
£2,960,682 ↑ 67.8%

Pharmacy
£2,128,715 ↑ 86.7%

Grocery
£808,938 ↑ 32.5%

Best-selling brands

Condoms
1. Durex
2. Mates
3. Pasante
4. One Condoms
5. Femidom

Lubricating jelly
1. Durex
2. KY
3. Replens
4. Biofem
5. Rephresh
6. Sensilube
7. Vielle

Feminine creams
1. Vagisil
2. Balance Activ

Source: IRI, 52 weeks to November 28, 2009.
Analysis provided for C+D by IRI

IRI Breakthrough Insights. Breakthrough Results.



£46m
Value of condom market

£13m
Value of lubricating jelly market

£3m
Value of feminine creams market

Source: IRI, 52 weeks to November 28, 2009

per cent of women under 50 and an equal percentage use the pill as a birth control method. The majority of women under 50 (75 per cent) are using contraception.

An ever increasing range of OTC products and product innovations is providing more opportunities for pharmacists to increase sales. IRI data shows the market for feminine creams has grown, driven by the recent launch of Balance Activ (see Brand Watch, right).

The Durex Play range has been at the forefront of growth in the lubricant sub-category, and has introduced sex aids to the community pharmacy.

Rachel Hemmings, senior category development manager at Lloydspharmacy, says EHC is a prime driver in the reproductive health category and provides pharmacists with opportunities to offer a complete OTC range including condoms, chlamydia tests and other associated treatments.

She explains: "Users of a specific service are also likely to have a requirement to access other sexual health services so community pharmacy is very well placed to offer a more rounded service."

She says pharmacists can use these opportunities to educate customers, destigmatise sexual health products and break down the myths that surround the subject, making products accessible and offering a discreet private consultation.

"There is a level of sensitivity and embarrassment which surrounds this category," Ms Hemmings says, "so trying to break down those barriers and making the category accessible – including P dummy packs – and offering a private consultation room for customers to allow a discreet purchase is critical for customers' confidence."

Emma Charlesworth, Numark's director of

Brand Watch: Replens

Vaginal moisturiser Replens MD, which provides a hormone-free solution to vaginal atrophy, is becoming increasingly popular with menopausal women, says the manufacturer.

Sales of Replens grew by 20 per cent in 2008. The best selling line was the 35g tube with re-usable applicator, which saw a 27 per cent increase in sales.

Linda Pearson, marketing manager at manufacturer Anglian Pharma, believes the popularity of the 35g tube, which provides 12 applications and retails at £9.99, shows that consumers are seeking value for money. In March a new applicator with a more comfortable tip is being introduced.

And investment in advertising and advertorials, which will double in 2010, is driving sales. Anglian Pharma has also been working with celebrity GP Dr Sarah Jarvis to raise consumer awareness of sexual health and the older woman.

Ms Pearson says: "We feel the issue of vaginal atrophy is one that needs a lot more discussion to help women understand that it is a common condition and not something they should feel embarrassed about."

"Consumer attitudes are changing. The baby boomer generation is now going through the menopause and they are much more willing to look for different options," Ms Pearson adds.

professional and training services, says careful placing of sexual health products in the store can improve sales.

Contraceptive and sexual health products should be accessible on the shelves, she advises, never merchandised on the very top of the fixture as customers are less likely to ask for help if these types of products are out of reach.

"Many sexual health products are sold behind the counter – such as Clamelle and Levonelle," Ms Charlesworth says. "These lines are usually merchandised within the female health category and signposted to the customer by using Canesten – which is the beacon brand for female health.

"GSL lines again tend to be merchandised next or near to female health, although contraceptive products should be dual sited to encourage impulse purchase. For example, pharmacies should consider merchandising condoms within male grooming or even with sanitary products."

An RSPGB spokeswoman says the increasing role that pharmacists are playing in sexual and reproductive health boosts professional satisfaction, increases the profitability of the business and is also a real benefit to the community.

"Expanding their clinical services in sexual health is something pharmacists are telling us they definitely want to do," she says. "Pharmacists are experts in medicines, they can now prescribe, and providing an increasing range of contraception and sexual health services is a natural extension of their role."

Correction

In Category Focus: Footcare (C+D, January 23, p19), IRI's Market Insight analysis referred to the overall footcare market. However, the market size figures, year on year changes and best-selling brands featured in the panel described the foot skincare subcategory only. The panel should have quoted IRI's read of the total footcare market, which is £117.6 million in size, down 2.9 per cent year on year.

Case studies

ROWLANDS PHARMACY, HESKETH DRIVE
NIK PAREKH

Rowlands Pharmacy in Hesketh Drive, Kirby, is one of several in the Knowsley area offering 16 to 24-year-olds a postal chlamydia screening test. The service was redesigned by Knowsley PCT last year, after a previous pilot offering a urine test in the pharmacy failed to achieve a good uptake.

Youngsters felt embarrassed asking for the test kit and found it inconvenient because they had to return their sample to the pharmacy before it could be sent to the laboratory.

The new service is proving to be more successful. Eligible customers are given a leaflet that they then send away requesting a testing kit to be sent to their house.

Last year pharmacy manager Nik Parekh asked his pre-registration trainee to promote the scheme by handing out leaflets at the local college. This doubled uptake of the test.

He says that offering the chlamydia test brings increased numbers of youngsters into the pharmacy. "Young people often think that we just supply medication and OTC products and that the pharmacy is a place where only mums and dads go. When they come in they will find that we offer other services such as the community condom scheme, the morning after pill, blood pressure monitoring, weight loss [and] smoking cessation."

Key point

- Don't give up at the first hurdle. Even small changes could mean the difference between failure and success of a service

BOOTS
CERVICAL CANCER VACCINATION SERVICE

Ten London Boots stores pioneered the first ever pharmacy-led HPV vaccination service, with a pilot launched towards the end of 2008.

There were so many requests for the service that in September it was rolled out to 134 stores across the country. The death of TV celebrity Jade Goody from cervical cancer helped to fuel demand. The service, delivered under a private patient group direction, is aimed at women aged 18 to 26 who fall outside the government's national cervical vaccination programme for 12 to 18-year-olds.

Following a consultation with the pharmacist to ensure eligibility and advise on sexual health, patients are given three injections over six months, and receive alerts reminding them of their appointments. Boots has recently reduced the cost of the course from £405 to £285.

Boots pharmacist Sachin Patel has commented: "I feel extremely privileged to be at the frontline against cervical cancer, offering both support for those concerned and the vaccination service when appropriate."

Key points

- Identify your target audience
- When you spot market demand, respond to it

Brand Watch: Balance Activ

Balance Activ vaginal gel, launched by BBI Healthcare in September 2008, is a newcomer to the feminine creams market.

It provides women with an alternative to antibiotics for treating and preventing the vaginal infection bacterial vaginosis (BV).

Balance Activ RX has more recently been launched to enable doctors to prescribe an alternative to antibiotics.

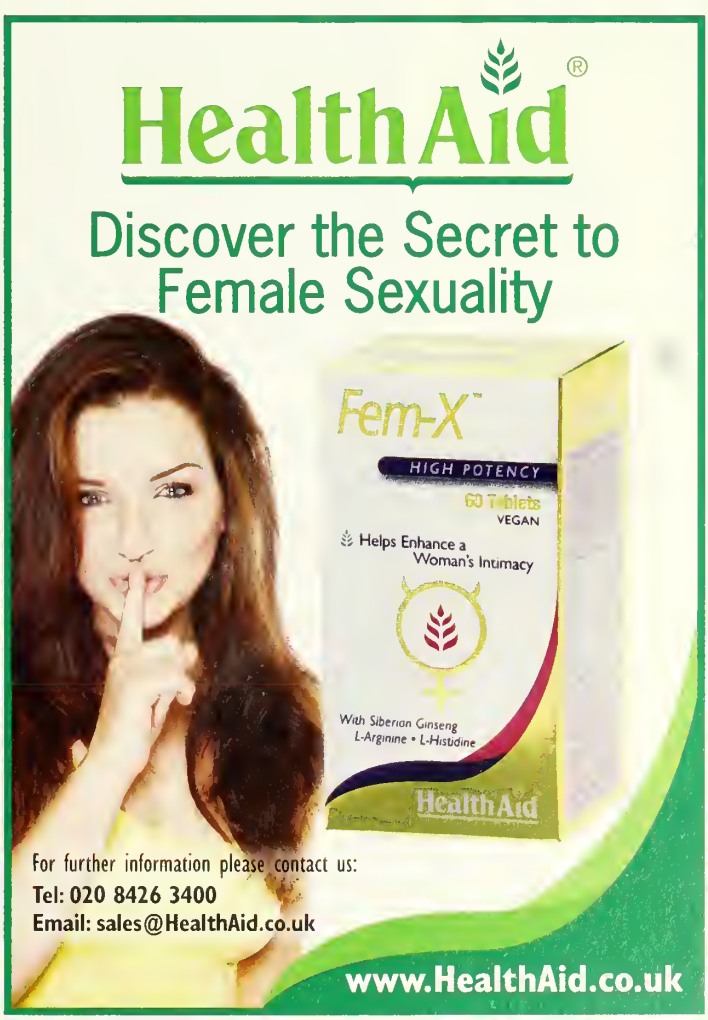
Brand manager Mellanie Tymm says sales of Balance Activ in the first year have exceeded expectations. TV and women's press campaigns in 2009, which will be continuing throughout 2010, have been driving women in to the pharmacy to buy the product.

BV is often confused with thrush but is twice as common, with an estimated one in three women developing the condition at some point in their lives.

Ms Tymm says pharmacists are in a key position to sensitively discuss BV with women: "Some proactive pharmacists use shelf talkers to help explain the differences between thrush and BV, aiming to help customers self-diagnose at the point of purchase."

Celebrity GP Dr Dawn Harper has endorsed the product and features on the consumer website www.regainyourbalance.com, which provides information about BV.

A Pharmacy Guide to Common Vaginal Infections can be downloaded at www.balanceactiv.com



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- Your submission must not exceed 500 words. Where appropriate, you can include supporting material (clearly labelled) such as testimonials, research, performance metrics, photographs, service protocols, press clippings, etc. These can enhance your chances of winning, as the more detail you provide, the easier it will be for the judges to make an informed decision. Supporting material does not count towards the 500 word limit.
- Entries without appropriate supporting evidence such as applicable financial information will not be shortlisted, as such information forms an essential part of the judging process.
- Don't know where to start? Log on to **www.chemistanddruggist.co.uk/awards** and read about last year's winners and shortlisted entries. The webpage will be updated in the coming weeks with fuller features on last year's C+D Award winners, as well as a host of hints and tips. Sign up to C+D's free email newsletter service at **www.chemistanddruggist.co.uk/register** to get these features sent to your inbox.

Entering online

C+D has created a special online entry form to make the process easier. It allows you to enter multiple categories and upload supporting material in four simple easy steps:

Step 1: Follow the link from **www.chemistanddruggist.co.uk/awards** and register your details.

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Step 3: Submit the entry when you are finished with one click.

Step 4: Repeat Steps 2 and 3 if you wish to enter another category.

Judging

- The judges will independently mark entries against the award criteria set out in each category – so make sure you provide all the information requested. The judges' scores will be collated to find the winner. C+D will notify those who have made it to the shortlist and publish details in the magazine.
- All shortlisted entrants will be invited as C+D's guests to the awards ceremony on Wednesday June 9, 2010 at the Grosvenor House Hotel in London, where the winners will be revealed and presented with their trophies. The winners will also be featured in C+D.
- All entries are treated in the strictest confidence. Judges sign a confidentiality agreement and sensitive entry information is not published. Non-sensitive information may be published as part of C+D's awards coverage in print, online, at the awards event and in any promotional material. We are unable to return any entries and you may wish to send copies rather than original documents.
- Work referred to in awards entries should have taken place between January 1, 2009 and December 31, 2009. Preparatory work could have taken place earlier than January 1, but only results achieved in 2009 will be taken into account.

Booking a table

All shortlisted finalists will automatically gain one free place* at the awards event, however should you wish to book extra places for your colleagues, visit **www.chemistanddruggist.co.uk/awardsbookings** or call Claire Bradshaw on 0207 921 8359.

* one place is allocated per entrant, even if they are shortlisted for more than one category

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Step 2: Complete the form below for each entry that you make and send with your entry to:
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C+D AWARDS 2010

In association with NPA National Pharmacy Association

Sheffield's star

Zoe Smeaton finds out what makes C+D's New Pharmacist of the Year 2009 stand out from the crowd

Not a man to do things by halves, James Wood only joined the RPSGB register in 2005, but already he has been an LPC secretary, a company director and a regular on local radio, all on top of his day job dispensing and delivering an impressive array of health services.

Mr Wood can't quite explain how he has managed to achieve so much, although he does believe in giving 100 per cent all the time. And a real passion to help patients has helped. Among his favourite pharmacy moments Mr Wood describes the time a drug addict he had advised to go to hospital with an infection, returned six months later to thank him for saving his life.

His drive to improve patient care has led Mr Wood to be involved in a whole range of services, from chlamydia screening to private flu vaccinations. Mr Wood puts part of these services' success at Wicker Pharmacy, Sheffield, down to his colleagues, and their willingness to rise to new challenges. "We have a really dedicated team of staff here," he says. "Some of them have worked here for 30 years and never thought they would have to ask somebody about chlamydia."

> "Patients much prefer pharmacy's convenient, discreet surroundings to the 1970s clinic down the road"

But Mr Wood has had no small part to play himself, working to get the message across to the public that pharmacies are about far more than dispensing prescriptions. He is a strong believer that once patients know what they can access from pharmacies, they will want to. For sexual health services, for example, he says patients "much prefer pharmacy's convenient, discreet surroundings to the 1970s clinic down the road".

To help spread the word Mr Wood has appeared on local radio, giving tips on matters such as how to deal with hangovers over new year. "I gave them tips for dealing with hangovers and suggested things they could get from local pharmacies," he says.

He has also taken on the task of getting other local pharmacies to improve their services, working on secondment as LPC secretary. "The challenge we have is that the PCT is trying to tighten up finances now, but we're trying to get others involved and show that pharmacy can really deliver health services," he says.

Despite all of this, Mr Wood still found time to enter the C+D Awards, partly inspired to do so when he read about 2008's winners. "It's good to share success stories in pharmacy so others can maybe adapt or improve on what you're doing, and to help promote the profession."

He says it felt "great" when he won and advises other pharmacists to think about going for it too. "If you have done something positive to help patients, shout about it – we should do more of that," he says.



Name
James Wood

Company
Wicker Pharmacy, Sheffield

Award won
C+D New Pharmacist of the Year 2009

Award entry
Within four years on the register, Mr Wood has been a company director, an LPC secretary, an RPSGB branch secretary, and a local and national radio star, promoting pharmacy on the airwaves

Dream holiday destination
Cuba – Mr Wood says he holidayed there recently and found it was just as he imagined, but he thinks it could be very different soon

Breakfast choice
It has got to be Weetabix for Mr Wood, and he adds fruit for an extra health kick

What car do you drive?
Mr Wood has a new car, a BMW 120 coupe

Entry for the **2010 C+D New Pharmacist of the Year Award** category, sponsored by AAH Pharmaceuticals, is now open. Go to **ww.chemistanddruggist.co.uk/awards** for full entry details, hints and tips, to download an entry form or enter online.

How James Wood won the C+D New Pharmacist of the Year Award 2009

How did it all begin?
After completing his pharmacy degree at Aston University, Mr Wood completed his pre-reg year with The Co-operative Pharmacy. He developed a love of pharmacy politics from an early age, getting involved with the British Pharmaceutical Students' Association (BPSA). He says this helped him to see how pharmacy worked and what the profession's role should be, but it was also through the BPSA that he met his boss at Sheffield's Wicker Pharmacy, where after just two years he was made a company director.

Any favourite memories along the way?
A particular memory for Mr Wood is the day the River Don burst its banks and flooded Wicker Pharmacy in 2007. Mr Wood was among the first on the scene at 5am the next day to help tidy up and get services back up and running. "I don't know how we did it but we somehow managed to coerce the fire brigade into pumping out the cellar and we continued to provide a service," he remembers.

What challenges do you face now?
Mr Wood says a major challenge recently has been the shortages of branded medicines and all the problems that creates for patients. But he has been doing something about it. "I've been trying to highlight the problem by writing to my local MP and encouraging patients to do the same," he explains.

Any tips for other pharmacists?
Mr Wood says to really make services a success, it's important that pharmacy gets other health professionals on side. "I've presented services to GPs and said, 'This is what we're planning to do,' pointing out that we can find patients who don't necessarily go to see their GPs. Rather than being in competition with them, let's work together to try to improve health," he says.

So what next?
One focus over the next year for Mr Wood is going to be thinking about patients who might be addicted to medicines such as codeine. "Rather than just turning people away, I want to think about whether pharmacists can help," he says. "People abusing medicines is a real problem and maybe we need to think about how we can treat them."

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Career ladder

... at the NPA



The NPA has appointed former Boots head of professional services development Nanette Kerr (pictured) as its director of pharmacy. She will take up the post later this month and will be responsible for the NPA's information, education and training, and business development teams.

Ms Kerr joins from Day Lewis, where she was a consultant to the executive board advising on service development strategy, following her Boots role.

... at the ABPI

GSK UK Pharmaceuticals' senior vice-president and general manager Simon Jose has been named president designate of the Association of the British Pharmaceutical Industry (ABPI).

He will take over from AstraZeneca's Chris Brinsmead at the end of April and will serve a one-year term with the option of re-election for a further year.

The ABPI has promoted pharmacist Alison Clough to commercial and communications director, following the departure of commercial director David Fisher and director of corporate affairs David Lewis in December.

... at Fortuna Healthcare

Fortuna Healthcare has made three senior management appointments, which the north London-based wholesaler says reflect its "ongoing commitment to expansion in the pharmacy sector".

Debbie Chambers, formerly of SSL and Thornton & Ross, and Martin Swaine, formerly of Jenks Sales Brokers, both join as regional sales managers. They will be responsible for expanding sales to independent pharmacies in the south of England, and north of England and Scotland, respectively.

Divyesh Kaneria joins as financial controller following 21 years of commercial experience.

Five tips to keep staff

Creating the right benefits package retains staff, says **Deiric McCann**

Every time a valued employee leaves, a large portion of your bottom line goes with them, never to be seen again. Using 'velvet handcuffs' can make your pharmacy so attractive that these valuable assets don't want to leave.

If someone leaves it's not just a case of having to go back through a difficult and time-consuming search and recruitment process. The financial costs vary, but can be as high as one or two times the defector's annual salary, depending on their position. And that's just the financial cost – look at the impact on other areas such as morale, productivity and your time in managing the pharmacy, and you'll see that the real cost is much higher.

When employees begin to consider changing jobs they weigh the benefits of staying put versus the benefits of moving on. Every employee's job-delivered value is different – a complex mix of money, perks, work environment, company culture, attitudes, career development, employee relations and quality of life. The challenge is to create a situation where every employee in your pharmacy, no matter how large or small, can get a balance of these factors that convinces them that there is more value to remaining than moving.

Retention begins at the front door – when staff are hired. You will only retain (or want to retain) employees when there is a good fit between those employees, the requirements of their jobs, and your corporate culture – irrespective of whether you are a Lloydspharmacy, Boots branch or independent. If there's no fit they simply won't work out – they'll either become a liability to your team or they'll turnover.

Once you have the right people, you – as a manager – will want to use all approaches you can to retain them. One key point: if different



Deiric McCann: reward to retain staff

people value different things then you, or your HR department, are going to have to provide a grab-bag of added value that will allow you to tailor the value delivered to any given employee such that it outweighs what they might gain by moving on. Using 'velvet handcuffs' means locking your people in with whatever positive benefits you can deliver to them as an employee. The following are the sort of initiatives you should consider:

1. Money may well still be a way of getting attention in the job market, but it's not enough to assure retention. A study by US firm Positive Directions found that "money wasn't really a determining factor to most people". However, money is always an issue – your salaries must be competitive and fair for the skills your employees possess. While you may not be able to alter pay scales, good staff can be rewarded via appraisals if you are given a range of pay awards.

2. Employee orientation is key. Research shows that long-term employee loyalty is dramatically improved when they are properly inducted into the company. In these sessions the employee is introduced to the company, its philosophies and procedures, and is made to feel part of the team from the outset. With a little imagination, induction sessions are practical for jobs at any level. Again, owners and managers of independents will have more latitude in the way they induct staff.

3. Career advancement. All employees want to feel that there is an opportunity for them to advance. The multiples will have a multitude of career development opportunities for good candidates – supervisor, manager and more but, by definition, the manager of a local pharmacy will have to think more laterally. Here, staff can be offered other opportunities that might increase their medical knowledge or they could be given specific responsibilities – cashing up or ordering for example.

4. Flexibility, such as helping with childcare, can often be a significant value-add for people. Look for opportunities to provide flexi-hours, job sharing and even more holiday time. At the local level, this can be informal whereas the pharmacy groups will have distinct policies – they have to. Either way, managed properly this can be a relatively inexpensive but extremely highly valued perk.

5. Recognition is another factor that costs little, but has a disproportionately high value to many employees. So consider formal and informal praise. 'Employee of the Month' schemes give you an opportunity to give every employee their deserved 15 minutes of fame. Also, ensure that your managers are actively told about employees and jobs well done – praising makes a remarkable difference to morale.

Deiric McCann is the author of Winning Business Proposals and The Customer Continuum, and CEO of HR consultancy Profiles Ireland

Career tip of the week

"Simply listing loads of different activities in interviews does not create the right impression. Avoid listing interests with no explanation of any of them, and don't list so many that your interviewer is left wondering how you manage to squeeze a working day into this busy life."

From Brilliant Answers to tough interview questions, by Susan Hodgson

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Postscript...

C+D tweets all day long

Ever wondered what the C+D reporters get up to each day? Postscript likes to picture them wearing trilbys, a little card with 'press' stamped on it tucked in its lip, nosing about to uncover the latest stories. Or perhaps they sit at their desk all day, surfing the internet and slurping tea. Well, now you've got the chance to find out.

C+D's reporters have signed up to Twitter, and will be tweeting throughout the day. Whether out and about at a pharmacy conference, scouring DH documents for the relevant facts so you don't have to or tapping out their latest stories, they'll let you know on a regular basis.

To be the first to find out what they're writing about each week, sign up to @chemistdruggist on Twitter, or follow them individually: @CandDChris; @CandDGav and @CandDZoe.

Online with C+D

Talking points

"Well it is a pretty definite result – but pharmacists have not spoken loud and clear... the majority have not spoken at all. They never have in my 20+ years in pharmacy."
Chris Locum highlights the low turnout in the PLB elections. Posted on C+D online.

The top stories last week

1. Update: Keep your CPD up-to-date
2. The 'Stop Remote Supervision' candidates in election triumph
3. Homeopathy critics plan Boots protest

To post a comment, simply register at www.chemistanddruggist.co.uk/register





C+D Reader of the week

Meet Shenu Barclay, a locum pharmacist, and discover her Irish-inspired hidden talent

What do you listen to on the way to work? I haven't got time to listen! I like pop and classical music. My favourites are Freddie Mercury and the Bee Gees.

Do you have a hidden talent? I don't know about that, but I used to dance like Michael Flatley in Riverdance! I don't know how I did it, but I think I still can.

What's your favourite book? I have several. I like Prime Suspect author Lynda La Plante, and John Grisham courtroom thrillers. I also like adventure books, and romance novels by Danielle Steele.

What pharmacy service would you like to see? An obesity management service. This epidemic is out of control. Children are getting so fat, and we need to halt it now.

What's the strangest thing you've eaten? I think it would be squid, when I went to Greece. It was really leathery – it was horrible!

What one thing would you save if your house was on fire, other than family? My designer dresses – I do love my clothes.

What should we ask the next interviewee? Are you going to join the new professional leadership body and, if not, why not?

Calling all pharmacists and technicians. We want you to be our reader of the week. Email us at postscript@chemistanddruggist.co.uk



The Victorian Pharmacist

"There is no proof whatever of the choleraic pollution of the water"

Sir,
I wish to bring to our colleagues' attention Dr Letheby's report on the sanitary condition of the city of London, following the cholera epidemic of 1866.

First, the facts brought to light during this unhappy event should be examined. The duration of the epidemic was six months, the mortality being greatest in the fourth week. A total mortality from cholera in the City during this period was 5,596 lives.

It cannot be doubted, considering the proximity of the City to the very focus of the epidemic in the eastern districts, that the low mortality was referable to the active sanitary measures employed during the whole period of the epidemic. I refer to the lime-whiting of the courts and alleys of the City, disinfecting and cleansing the worst kinds of houses, and supplying carbolic acid to water-carts.

However, as Dr Letheby reports, the alleged pollution of the water rests on a series of assumptions, many of which are impossible: there is no proof whatever of choleraic pollution of the water.

Perhaps, gentlemen, we must look elsewhere as to the cause.

In 1866, London suffered its final cholera outbreak, mainly in the East End, which was not connected to the sewer system. Dr Letherby's views were in the minority – medical experts had realised cholera was water-borne. What's the biggest change the government could make today to improve public health? Email postscript@chemistanddruggist.co.uk

The Victorian Pharmacist asked whether you work on a Sunday. Shenu Barclay is a locum who works three out of four Sundays a month. She says the service is invaluable, providing emergency contraception, urgent prescriptions and methadone for clients.

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Reference: 1. National Institute Clinical Excellence. Smoking cessation services in primary care, pharmacies, local authorities and work places, particularly for manual working groups, pregnant women and hard to reach communities. Public Health Guidance 10. February 2008.

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